

Supplement 1 to Attachment 3.1-B
State WisconsinEff. Mental Health Crisis Intervention Services

10-1-96

13.d

Mental Health Crisis Intervention (MHCI) services are a coordinated system of mental health services that provides an immediate response to assist a person experiencing a mental health crisis. "Crisis" means a situation caused by an individual's apparent mental disorder:

- that results in a high level of stress or anxiety for the individual, for the persons providing care for the individual or for the public, and
- that cannot be resolved by the available coping methods of the individual or by the efforts of those providing ordinary care or support for the individual.

An initial assessment and referral to services, if appropriate, either over the telephone or face-to-face is available to any recipient contacting a MHCI provider. Additional crisis linkage, follow-up and stabilization services are available only to recipients determined to be in crisis. Services are described in a response plan or a crisis plan for individuals known to require periodic crisis intervention, and are approved by a psychiatrist or a licensed psychologist. Interventions are designed to relieve the recipient's immediate distress, reduce the risk of escalation, reduce the risk of physical harm to the recipient or others, resolve the crisis and improve individual and family coping skills, coordinate the involvement of other resources needed to respond to the crisis and assist the recipient to make the transition to the least restrictive level of care required. Services may be provided in the office setting, over the telephone, in the home or in the community. Services to individuals residing in a hospital or nursing facility are limited to development of the response plan or crisis plan and those services required to assist the recipient to transition to the least restrictive level of care required, but may not duplicate the hospital's or nursing facility's discharge planning activities. Services may be provided directly to the recipient or to others involved with the recipient when such intervention is required to address the recipient's crisis. Services for individuals receiving Medicaid Community Support Program (CSP) services are allowed when:

- The crisis intervention program has a formal arrangement with the CSP to provide crisis services to CSP enrollees.
- The crisis intervention services are delivered according to a crisis plan developed by the crisis intervention program and the CSP.
- The crisis intervention services do not duplicate CSP services.

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While MHCI services are available in each county, agencies providing Medicaid MHCI services must be certified by the Department's Division of Supportive Living certification standards which include staff qualifications, supervision requirements, service standards and requirements for a coordinated emergency mental health services plan. Services must be available 24 hours a day, 7 days a week.

Services billed and reimbursed as MHCI services may not also be billed and reimbursed as another MA service, such as hospital outpatient services, community support program services, day treatment services, outpatient psychotherapy services or case management services. Room and board costs are not covered under MHCI services. Services that are primarily social or recreational are not covered under MHCI services.

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Superseded by CH 03193-97

Eff. Medical Day Treatment - Mental Health Service. Medical day
1-1-93 treatment is a mental health rehabilitation service for recipients
who are seriously impaired in basic areas of everyday functioning
and for whom less intensive, traditional, outpatient mental health
treatment is not adequate to stabilize their condition, attain
their best possible functional level, or maintain their residence
in the community. This service also is appropriate on a limited
basis for individuals in hospitals or nursing facilities who are in
transition from an institutional to a community setting. Day
treatment services are necessary for the maximum reduction of a
recipient's disability and for restoring a recipient to his or her
best possible functional level.

Medical day treatment is a compendium of medical, mental health,
occupational therapy, and other services. Specific day treatment
services include individual and group occupational therapy and
psychotherapy, medication management, symptom management,
psychosocial rehabilitation services, and nursing services.
Medical Assistance pays only for those medically-necessary services
in a physician-approved plan of care, provided under the general
direction of a physician.

Medical day treatment is provided by day treatment programs
certified by the Department of Health and Social Services.
Certification requires the following: a registered nurse or
occupational therapist is on duty to participate in program
planning, implementation, and coordination; the program is directed
by an interdisciplinary team; a qualified professional staff person
participates in all groups; and periodic evaluation is conducted of
each recipient's progress in the program.

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13.d Medical Day Treatment - Mental Health Service. (Continued)

Prior authorization is required after a limited number of hours of service have been provided in a calendar year. Any occupational therapy and psychotherapy provided as part of the day treatment program are part of the day treatment benefit, are subject to day treatment limitations, and cannot be separately billed.

Activities such as recreation, arts and crafts, music, exercise, socializing, and general education that may be part of a recipient's day treatment program, are non-covered services.

Eff. 1-1-93 Outpatient Psychotherapy Services. The Medical Assistance Program covers outpatient psychotherapy services necessary for the maximum reduction of a recipient's disability and for restoring a recipient to his or her best possible functional level. These services are available to recipients when prescribed by a physician prior to beginning treatment.

Evaluations, assessments and testing are provided to all recipients to determine the need for psychotherapy services or to evaluate the appropriateness of the services being provided.

Treatment services include individual, group, and family psychotherapy (including such modalities as hypnotherapy and biofeedback) and collateral contacts. Psychiatric medication management may be provided by physicians or registered nurses employed by a certified clinic.

Outpatient psychotherapy services are provided under the direction of a psychiatrist or licensed psychologist who is listed or eligible to be listed in the National Register of Healthcare Providers in Psychology. These services may be performed by either such a psychiatrist or psychologist, or by an individual with a master's degree in social work, counseling, psychology, or a related discipline, who has 3000 hours of post-degree experience providing psychotherapy services and who is supervised by a provider meeting the certification requirements. Masters level providers must work in an outpatient clinic certified by the Department of Health and Social Services.

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Prior authorization is required for recipients to receive services beyond an identified dollar or hourly limit in a calendar year. (This threshold also includes outpatient AODA services provided to the same recipient.) Evaluations require prior authorization after reaching an hourly limit in a two year period.

Eff. 10-1-97 Mental health services, including services provided by a psychiatrist, may be provided to an individual who is 21 years of age or older in the individual's home or in the community.

13.d Outpatient Alcohol and Other Drug Abuse (AODA) Treatment Services.

Eff. 1-1-93 Outpatient AODA treatment services are available to recipients when such services are necessary for the maximum reduction of the recipient's disability and for restoring the recipient to his or her best possible functional level. A physician's prescription is required before starting AODA treatment services.

Outpatient AODA services include evaluations, assessments and diagnostic services to determine the need for AODA services or to evaluate the appropriateness of the services being provided. The outpatient AODA treatment services include individual, group, and family AODA treatment and AODA educational programming specific to medical aspects of AODA diagnosis and treatment.

Medication management may be provided by physicians, or registered nurses employed by a certified clinic. Counseling services include counseling necessary to ensure the best possible level of functioning associated with methadone maintenance. All services are provided under the general direction of a physician.

These services may be performed only by the following providers: a physician; a licensed psychologist who is listed or eligible to be listed in the National Register of Healthcare Providers in Psychology; an individual with a master's degree in social work, counseling or psychology, or a related discipline, who has 3000 hours of post-degree experience providing psychotherapy services supervised by a provider meeting the certification requirements; or an individual certified by the Wisconsin Alcoholism and Drug Abuse Counselor Certification Board as an alcohol and drug counselor II or III. Masters level providers and AODA counselors must work in outpatient clinics certified by the Department of Health and Social Services.

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Prior authorization is required for AODA treatment services after the recipient has received a specified dollar or hourly limit of services in a calendar year. (This threshold also includes outpatient psychotherapy services provided to the same recipient.) Detoxification is not covered in a social (non-hospital) setting.

Eff. Alcohol and Other Drug Abuse (AODA) Day Treatment. AODA day
1-1-93 treatment is available for recipients who are seriously impaired in basic areas of everyday functioning and for whom less intensive, traditional, outpatient treatment is not adequate to stabilize their condition or attain their best possible functional level in the community. AODA day treatment may be appropriate for individuals who have had inpatient hospital detoxification or limited inpatient hospital rehabilitation. These services are necessary for the maximum reduction of the recipient's disability and for restoring the recipient to his or her best possible functional level.

AODA day treatment is a compendium of medical and AODA treatment services, but Medical Assistance pays for only those services which are medically necessary based on a supervising physician or psychologist-approved plan of care and are provided under the general direction of a physician. Medical Assistance-covered services include individual, group, and family therapy and educational programming specific to medical aspects of AODA diagnosis and treatment.

AODA day treatment is provided by day treatment programs certified by the Department of Health and Social Services. Certification requires that the program be directed by an interdisciplinary team; that an individual certified by the Wisconsin Alcoholism and Drug Abuse Counselor Certification Board as an alcohol and drug counselor II or III is on duty all hours in which services are provided; and that recipients are evaluated for their ability to benefit from treatment.

All AODA day treatment services must be prior authorized except for the initial three hours of assessment. A recipient may not receive outpatient AODA services during the period he or she is receiving AODA day treatment.

Eff. Alcohol and other drug abuse services may be provided to an
10-1-97 individual who is 21 years of age or older in the individual's home or in the community.

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Activities such as recreation, arts and crafts, music, exercise, socializing and general education which may be part of the recipient's day treatment program are non-covered services by Medical Assistance.

14. Services for Individuals Age 65 - In Institutions for Mental Diseases. Prior authorization and other limitations which otherwise are required for SNF or ICF care apply here. See Item #4a of this section and HSS 107.09, Wis. Adm. Code.
Eff. 7-1-87
17. Nurse Midwife Services. Nurse midwife services are subject to limitations within the scope of practice of the nurse midwife. The scope of practice is the overall management of care of a woman in normal childbirth and the provision of prenatal, intrapartal, postpartal and nonsurgical contraceptive methods and care for the mother and the newborn up to one year of age. These services include medical services delegated by a licensed physician through protocols, pursuant to the requirements set forth in the Wisconsin Nursing Act and the guidelines set forth by the medical examining board and the board of nursing. Nurse midwife services are subject to the same limitations imposed on physician services under item #5 to enable the Department to monitor and regulate the following: medical necessity, cost, frequency and place of service.
Eff. 10-1-93
18. Hospice Care Services. This service is provided according to federal requirements, including amendment by P.L. 101-508 (OBRA '90).
Eff. 7-1-88
1-1-91
19. Case Management Services.
Eff. 10-1-97 Case Management is not available to any recipient:
- a. participating in a home and community based (1915(c)) waiver program,
 - b. residing in an MA funded institution (e.g., hospital or nursing home), except for discharge-related case management services prior to discharge from an institutional setting,
 - c. in excess of one assessment or case plan per calendar year, per county, except when recipients receive prenatal care coordination,
 - d. in excess of one claim for ongoing monitoring per month per county except when recipients receive prenatal care coordination, or
 - e. enrolled in a MA-certified community support program.

Case Management does not include:

- a. services which are diagnostic or therapeutic or which could be paid for by MA as any other covered benefit by certified or certifiable professionals,
- b. legal advocacy by a lawyer or paralegal,
- c. personal care or supportive home care,
- d. client education and training, or
- e. services not provided or directed towards some specific recipient.

19.b. Special Tuberculosis Related Services under Section 1902(z)(2)(F)

Eff.

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These services are limited to those recipients with a TB-related diagnosis and include directly observed therapy, in-home monitoring of TB-symptoms, patient education and anticipatory guidance, and disposable supplies to encourage the completion of prescribed drugs.

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20. Extended Services to Pregnant Women

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9-1-87

Major Categories of Service

Major categories of services are: inpatient and outpatient hospital services, physician services, laboratory and x-ray services, rural health and other clinic services, and diagnostic services. These include routine prenatal care, labor and delivery, routine post-partum care and complications of pregnancy or delivery likely to affect the pregnancy. These services are subject to the same limitations which pertain to the respective areas of service.

Eff.

1-1-93

Health Education

Health education for high risk pregnant and postpartum women (up to 60 days after delivery) is medically necessary instruction to ameliorate a pregnant woman's identified risk factors, as determined by the Department-sanctioned risk assessment. The following areas may be included:

1. education/assistance to stop smoking and to stop alcohol and addictive drug consumption;
2. education/assistance to stop potentially dangerous sexual practices;
3. lifestyle management and reproductive health;
4. education/assistance to handle environmental/ occupational hazards;
5. childbirth and parenting education.

Nutrition Counseling

Nutrition counseling for high risk pregnant and postpartum women (up to 60 days after delivery) is medically necessary nutrition instruction and guidance to ameliorate a pregnant woman's identified risk factors as determined by the Department-sanctioned risk assessment, and may include, but is not limited to, the following areas:

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1. weight and weight gain;
2. biochemical and dietary factors;
3. previous and current nutrition-related obstetrical complications;
4. psychological problems affecting nutrition; and
5. reproductive history affecting nutritional status.

21. Ambulatory Prenatal Care for Pregnant Women. These services are
 Eff. subject to the same limitations which pertain to the respective
 9-1-87 areas of service.

22. Respiratory Care Services. Prior authorization of services is
 Eff. required for reimbursement. The recipient will have been medically
 1-1-99 dependent on a ventilator for life support for at least six hours
 per day. In addition, the recipient will meet one of the following
 two conditions:

- The recipient will have been so dependent for at least 30 consecutive days as an inpatient in one or more hospitals, nursing facilities, or ICF/MR, as stated in 42 CFR 440.185(a)(2).
- If the recipient has been hospitalized for less than 30 days, the recipient's eligibility for services will be determined by the Division's Chief Medical Officer on a case-by-case basis, and may include discussions with the recipient's pulmonologist and/or primary care physician to evaluate the recipient's prognosis, history of hospitalizations for the respiratory condition, diagnosis, and weaning attempts, when appropriate.

Reimbursement under the respiratory care benefit is not available for services that are part of the rental agreement for a ventilator or other necessary equipment with a durable medical equipment provider. Respite services are not covered.

23. Pediatric or Family Nurse Practitioner Services. Services are
 Eff. subject to limitations imposed on specific disciplines within the
 4-1-93 scope of practice of the nurse. These services include medical services delegated by a licensed physician through protocols, pursuant to the requirements set forth in the Wisconsin Nursing Act and the guidelines set forth by the medical examining board and the board of nursing. Other practitioner services are subject to the same limitations imposed on physician services under item #5 to enable the Department to monitor and regulate the following: medical necessity, cost, frequency and place of service.

Medication management includes in-home administration of medications other than those given intravenously, prefilling syringes for self injection when the recipient is not capable, setting up medications for self-administration, and programming dispensers. Instructing the recipient may be covered when provided in conjunction with these activities but not covered if it is the only activity.

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